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STRUCTURE AND SERVICE DELIVERY APPROACH OF THE CHILDREN'S BUREAU'S RESOURCE CENTERS AND IMPLEMENTATION CENTERS

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Abstract

The Children's Bureau (CB) provides a system of training and technical assistance (T/TA) to build the capacity of state and tribal child welfare systems, with the goal of improving outcomes for children and families. During the time period of 2008-2014, this infrastructure included ten National Child Welfare Resource Centers (NRCs), five Child Welfare Implementation Centers (ICs), and a Training and Technical Assistance Coordination Center (TTACC). Individual ICs and NRCs differed in structure and content expertise, yet they served the same jurisdictions and at times provided services concurrently. To increase cohesion and consistency, the NRCs, ICs, TTACC, and CB worked together to develop a service delivery approach for delivering T/TA services. This approach encompassed an overall vision of T/TA that promoted individualized, coordinated, and evidence-informed services. Operationalization of the model incorporated a standardized business process for responding to T/TA requests. This included a Standard Assessment Tool that supported identifying the desired outcomes of services and assessing the jurisdiction's ability to make use of the T/TA by considering elements of readiness for organizational change. CB also encouraged the NRCs and ICs to apply concepts from research on leadership and implementation to their services; these frameworks supported involvement of stakeholders in the assessment process and throughout T/TA delivery. Three examples illustrate how T/TA consistent with this service delivery approach were provided to one tribal nation and two states.

Keywords: technical assistance, child welfare, child welfare resource centers

Purpose of the Training and Technical Assistance Network

State and tribal child welfare systems continually strive to improve their practices and achieve better outcomes for children, youth, and families. The Children's Bureau (CB) supports these efforts through an infrastructure of training and technical assistance (T/TA). This T/TA infrastructure has progressed over time to respond to the changing needs of child welfare systems and evolving CB priorities, such as meeting the standards of CB monitoring reviews including the outcomes and systemic factors outlined in the Child and Family Services Reviews (CFSRs).

During the time period of 2008-2014, this overall T/TA infrastructure was referred to as the Child Welfare Training and Technical Assistance Network (T/TA Network). Its overarching purpose was to support state, local, and tribal child welfare systems in ensuring the safety, permanency, and well-being of children and families. The T/TA Network performed a variety of important functions for states, counties, territories, and tribes (now referred to as state and tribes), including assistance in assessing needs, developing strategies, and moving systems from vision and values to sustainable changes in organizational culture and practice. T/TA included knowledge development and transfer, leadership development, information management, and dissemination of effective and promising practices (Barbee, 2013; CB, 2013).

Implementation Centers, National Resource Centers, and the Training and Technical Assistance Coordination Center

Within this larger T/TA Network, there was a sub-group of providers that included ten National Child Welfare Resource Centers (NRCs), five Child Welfare Implementation Centers (ICs), and a Training and Technical Assistance Coordination Center (TTACC). This group of NRCs, ICs, and TTACC were expected to function as "one network" of providers that served the same group of title IV-E and title IV-B funded state and tribal child welfare agencies and courts. ICs and NRCs developed and delivered products and events to disseminate promising and best practices across a wide range of content areas to child welfare

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systems. ICs and NRCs also provided individualized, tailored assistance to specific states and tribes; these services were coordinated by TTACC. Tailored services, or T/TA that was customized to the needs of a specific jurisdiction, were provided by ICs and NRCs both in-person or remotely (e.g., through teleconferences or webinar). Tailored T/TA was provided to a wide variety of staff and stakeholders, including child welfare agency staff (administrative leadership, middle managers, training divisions, supervisors, direct practice workers, and data managers); court staff (attorneys, judges, and court administrative officers); and community stakeholders (tribal councils, tribal elders, private providers, and contracted service providers).

National Resource Centers (NRCs). NRCs were responsible for providing tailored T/TA to states and tribes in particular topical areas of expertise. NRCs were also responsible for conducting outreach; facilitating peer networks; supporting select child welfare stakeholder groups; hosting conferences and meetings; developing, identifying, and disseminating new knowledge and evidence-based practices; and conducting evaluations of their services. Table 1 describes the National Child Welfare Resource Centers and associated content areas.

Implementation Centers (ICs). Historically, the T/TA provided by NRCs had been relatively focused and short in duration, although some engagements involved longer-term change efforts. CB recognized that there was a need to provide in-depth T/TA and resources to assist agencies in implementing comprehensive strategic plans to bring about complex and extensive systems reforms. In fiscal year (FY) 2008, CB funded five regional ICs to pilot a new and complementary approach to T/TA, intended to provide long-term consultation and support to states and tribes.

ICs partnered with states and tribes to implement multi-year systems change projects, referred to as Implementation Projects (IPs). IPs focused on strategies to improve the quality and effectiveness of child welfare services, and project sites were chosen based on the development and review of state and tribal applications submitted to the ICs serving their regions. ICs provided resources and intensive, coordinated, and individualized T/TA to state and tribes to support implementation of the IPs. Table 2 describes the Child Welfare Implementation Centers and the Administration for Children and Families (ACF) Regions that they served.

TABLE 1

National Child Welfare Resource Centers (Fiscal Year [FY] 2014)

National Child Welfare Resource Centers (FY 2014)	
National Resource Centers	Content Areas
NRC for Adoption (NRCA)	Provides adoption and permanency options, explores systemic factors, increases cultural competence, and promotes stakeholder involvement.
NRC for Child Protective Services (NRCCPS)	Focuses on child protective services, including meeting federal requirements and strengthening programs.
NRC for Child Welfare Data and Technology (NRCDT)	Uses and manages data, including the Adoption and Foster Care Analysis and Reporting System and State Data Profiles.
NRC for In-Home Services (NRCIHS)	Ensures the safety of children and youth in their homes and makes reasonable efforts to preserve families in which maltreatment has occurred.
NRC for Organizational Improvement (NRCOI)	Improves CFSR systemic areas, including strategic planning, quality improvement, and training and workforce development.
NRC for Permanency and Family Connections (NRCPFC)	Emphasizes family-centered principles and practice, and helps states build knowledge of foster care issues.
NRC for Diligent Recruitment (NRCDR) at AdoptUSKids*	Develops and implements quality recruitment and retention services for foster, adoptive, concurrent, and kinship families.
NRC for Tribes (NRC4Tribes)	Increases tribal access to T/TA Network, provides child welfare T/TA to tribes, and improves cultural competence in state child welfare systems.
NRC for Youth Development (NRCYD)	Focuses on youth engagement in child welfare policy and program development, Chafee Foster Care Independence, and Education and Training Voucher programs.
NRC on Legal and Judicial Issues (NRCLJI)	Provides expertise to courts, attorneys, court improvement projects, and state and tribal agencies on legal and judicial aspects of child welfare.

Note. Adapted from Children's Bureau. (June 18, 2015). Resource Centers. Retrieved from <http://www.acf.hhs.gov/programs/cb/capacity/resource-centers>

TABLE 2
Child Welfare Implementation Centers (FY 2014)

Child Welfare Implementation Centers (FY 2014)	
Implementation Centers	Administration for Children and Families Regions Served
Northeast and Caribbean Child Welfare Implementation Center (NCIC)	Region I: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont Region II: New Jersey, New York, Puerto Rico, Virgin Islands
Atlantic Coast Child Welfare Implementation Center (ACCWIC)	Region III: Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia Region IV: Alabama, Mississippi, Florida, North Carolina, Georgia, South Carolina, Kentucky, Tennessee
Midwest Child Welfare Implementation Center (MCWIC)	Region V: Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin Region VII: Iowa, Kansas, Missouri, Nebraska
Mountains and Plains Child Welfare Implementation Center (MPCWIC)	Region VI: Arkansas, Louisiana, New Mexico, Oklahoma, Texas Region VIII: Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming
Western and Pacific Child Welfare (WPIC)	Region IX: Arizona, California, Hawaii, Nevada, Outer Pacific—American Samoa Commonwealth of the Northern Marianas, Federated States of Micronesia (Chuuk, Pohnpei, Yap) Guam, Marshall Islands, Palau Region X: Alaska, Idaho, Oregon, Washington

Note. Adapted from Child Welfare Information Gateway: <https://www.childwelfare.gov/topics/management/reform/building/implementation/> Accessed August 15, 2015

Training and Technical Assistance Coordination Center (TTACC). To formalize and support collaboration, communication, and coordination among the ICs, NRCs, and network members, CB funded the TTACC. This center was responsible for developing and implementing an infrastructure for enhanced communication and information sharing across CB and the T/TA Network. TTACC was responsible for coordinating onsite T/TA, which involved tracking requests, and facilitating the assessment of T/TA needs and the development of comprehensive T/TA work plans.

Cross-site evaluation and data tracking system. As a component of a cross-site evaluation contract, CB provided funding for a web-based T/TA tracking system. The tracking system served as a data collection tool for the cross-site evaluation but also supported communication and coordination of the work of ICs and NRCs.

Approach to Service Delivery

Individual members of the T/TA Network had varying roles and responsibilities, but collectively CB emphasized the need to operate as a coordinated service delivery system. In FY 2009, CB established a workgroup—made up of IC and NRC directors and evaluators, the TTACC, and Central and Regional Office Children’s Bureau staff—to develop an effective and collaborative model for the delivery of T/TA. The model emphasized a more comprehensive assessment of and response to state/tribal T/TA needs (CB, 2011). The workgroup developed a standardized business process for responding to T/TA requests that reflected common practices and benchmarks for the delivery of T/TA. These included three data collection tools developed for use—the Standard Request Initiation, the Standard Assessment Tool, and the Standard Work/Project Plan. An overview of major components of the IC and NRC approach is described in Table 3.

Mission, values, and principles. The NRCs and ICs’ mission, as stated by CB, was “to collaborate to provide a seamless array of services and effective T/TA that builds capacity of states and tribes to achieve sustainable, systemic changes and improve outcomes for children and families” (CB, 2011). Guiding values of service delivery incorporated Child and Family Service Review (CFSR) standards related to expected child welfare practice outcomes, which include dimensions of child safety, permanency, and well-being (Administration for Children and Families, 2014), as well as Systems of Care (SOC) principles. SOC is an established framework originally developed as an approach for mental health service delivery to children and youth (Stroul & Friedman, 1986), which promotes organizing and coordinating services into a comprehensive and interconnected network, so that service providers, agencies, and community stakeholders work in partnership with those who need services.

TABLE 3
Overview of NRCs and ICS Approach to Service Delivery

Mission: To collaborate to provide a seamless array of services and effective T/TA that builds capacity of states and tribes to achieve sustainable, systemic changes and improve outcomes for children and families		
Values and Principles Child and Family Service Reviews (CFSR) and System of Care (SOC)		
<ul style="list-style-type: none"> • Client-centered • Individualized and strengths-based • Flexible, accessible, and coordinated • Proactive • Community-based • Culturally and linguistically competent • Evidence-informed and evidence-based • Family focused 		
T/TA Practice Model Collaboration, Communication, Accountability		
Standardized Business Process <ul style="list-style-type: none"> • Standard Request Initiation • Standard Assessment Tool • Standard Work/Project Plan 	TTACC Information Portal	Web-based T/TA Data Tracking System
Theoretical Frameworks Supporting Service Delivery		
Adaptive Leadership		Implementation Research

Note. Adapted from the Children's Bureau. (2011, December 6). T/TA Exploration Workgroup practice model development: Considering best practices that support effective and efficient technical assistance delivery. Presented at the Children's Bureau Exploration Workgroup Meeting. Silver Spring, MD.

T/TA practice model. The guiding values and principles of CFSR and SOC were operationalized through structures created to support TA services that were accessible, client centered, coordinated, and evidence-based. The standardized business process incorporated tools related to T/TA requests, assessment of appropriate T/TA services to be provided related to these requests, and work-planning documents that outlined service delivery that would be provided. These documents supported linkages between requests and services provided and facilitated communication between T/TA providers.

Recognizing that successful provision of T/TA requires the active involvement and commitment of states and tribes, the Standardized Assessment Tool incorporated the identification of elements of readiness for organizational change. Elements of readiness assessed included the availability of resources and evidence of the jurisdiction's commitment to making improvements, including executive leadership commitment (Lehman, Greener, & Simpson, 2002; Weiner, 2009).

The TTACC Information Portal supported management and information sharing related to T/TA, including storing T/TA requests, assessments, and work plans. The data tracking system allowed the CB and Centers to view all NRC and IC T/TA efforts, enabling providers to better understand how their own work complemented T/TA that other providers delivered to a particular state and tribe.

Theoretical frameworks. CB encouraged the NRCs and ICs to incorporate research-informed implementation and leadership frameworks into their T/TA delivery efforts to support sustainable systems change. During workgroup meetings, CB invited staff from the National Implementation Research Network (NIRN) to present its framework of implementation (Fixsen, Blase, Friedman, & Wallace, 2005) and provided training on adaptive leadership (Heifetz, Linsky, & Grashow, 2009) by Cambridge Leadership Associates (CLA) (CB, 2015).

Adaptive leadership. Adaptive leadership is a theoretical framework that promotes organizational improvement through mobilizing people to recognize and intervene in challenges that are hard to define and for which existing knowledge, structures, or processes are not sufficient to bring about desired changes (Heifetz et al., 2009). The framework promotes a period of "diagnosis," which is used to help an organization come to a thorough understanding of the challenges it faces. The period of diagnosis including the identification of "adaptive challenges" which differ from technical problems in that there are no existing or known solutions (Table 4). The framework suggests that solving adaptive challenges will require changes in behavior and potential losses for people in organizations. In order to effectively solve adaptive challenges, those who are part of the challenge must be given an important role and support in identifying potential solutions to the adaptive challenges (National Child Welfare Resource Center for Organizational Improvement, 2013).

TABLE 4
Adaptive Leadership

Diagnose System: Organizations identify and thoroughly understand technical and adaptive challenges they face.	
Technical Challenges	Adaptive Challenge
Perspectives of major stakeholders are aligned.	Perspectives differ.
Definition of challenge is clear.	Definition of challenge is unclear.
Solution and implementation of solution is clear and within existing capabilities and knowledge.	Solution and implementation are unclear. Existing knowledge, structures, or processes are insufficient and require new learning, behaviors, or expertise.
Leader can take primary control and responsibility.	Primary control and responsibility is not with a leader. Solutions can only be addressed through changes in peoples' priorities, beliefs, habits, and loyalties.
Work to Address Adaptive Challenge: Involve those whose behavior and attitudes must change in solving the adaptive problem	

Note. Adapted from National Child Welfare Resource Center for Organizational Improvement. (2013). Leading adaptively in child welfare. *Child Welfare Matters* (Summer 2013 issue), 1-7.

Implementation research. The National Implementation Research Network (NIRN) framework was developed through publication of a literature review of research related to service delivery programs to identify components of successful implementation (Fixsen, et al., 2005). An important finding of the literature review was the discovery that implementation occurs in stages, with key activities occurring in each stage. The ICs adapted the NIRN framework to better reflect typical child welfare implementation of innovations that are not previously formed evidence-based practices, but must be designed using best available evidence (Armstrong et al., 2014). The IC's conceptualization of stages of implementation is illustrated in Table 5.

TABLE 5
Implementation Stages

Implementation Stages	Focus of Work in Stage
Exploration	<ul style="list-style-type: none"> Identify need and consider necessary nature and scope of intervention. Assess the degree of awareness and support for potential intervention and the overall approach for designing the change. Build or strengthen relationships with stakeholders who can support work of intervention.
Installation/Design	<ul style="list-style-type: none"> Specify in detail intervention components. Plan for intervention implementation, including structural and functional systems changes and gathering necessary resources.
Early Implementation	<ul style="list-style-type: none"> Actively engage in learning and applying the intervention. Assess for, and provide necessary supports to successfully conduct the activities of the intervention. Initial monitoring of the new skills, practices, tools, and strategies necessary to sustain the intervention.
Full Implementation	<ul style="list-style-type: none"> Integrate new practice into organizational structures to sustain intervention. Staff members develop high level of skills in new practices related to the intervention.

Note. Adapted Armstrong, M. I., McCrae, J. S., Graef, M. I., Richards, T., Lambert, D., Bright, C. L., & Sowell, C. (2014). Development and initial findings of an implementation process measure for child welfare system change. *Journal of Public Child Welfare*, 8(1), 94-117.

Examples of the Service Delivery Approach

Examples of T/TA provided to jurisdictions are described. These descriptions illustrate key components of the approach to service delivery by ICs and NRCs.

Example #1: Assessment and strategic planning with a tribal nation.

A large tribe requested T/TA from an NRC to conduct a comprehensive organizational assessment. The purpose of the assessment was to involve the tribal child welfare agency and a community of tribal stakeholders in creating a multi-year strategic plan that would identify and address areas for improvement, in order to significantly impact the child welfare outcomes of clients.

T/TA practice model: Standardized business process - assessment. The NRC used the Standard Assessment Tool to identify tribal community challenges including poverty, substance abuse, and a high rate of suicide. Child welfare challenges included a high caseload within the child welfare system on the reservation, as well as a significant number of Indian Child Welfare Act cases arising off the reservation. The tool also facilitated recognizing tribal strengths, including existing working relationships between stakeholders and a history of developing the community's vision of child welfare services. Tribal leadership, through a prior initiative, had engaged with stakeholders to define, design, and implement a child welfare practice model that was based on the historical roots, values, and practices. Parts of this practice model had been slowly implemented over the previous years. Now the tribe hoped to fully operationalize its practice model, so that children were kept with their families whenever possible.

The assessment process also showed that leadership had recently hired a community organizer who had been part of the tribe's prior practice model development process to serve as the agency's executive director. The request demonstrated adequate availability of resources and evidence of continuing leadership and community commitment. There appeared to be good readiness by the tribe for this T/TA request.

Vision, principles, and values: Community-based, family-focused, and culturally competent. The entire organizational assessment, strategic planning process, and plan implementation were designed to engage all appropriate tribal stakeholders and to keep them involved through meaningful participation. This included representatives of tribal governance, the courts, public safety, education, health agency, the Bureau of Indian Affairs, foster parents, youth involved in the system, and the State Child Protective Services (CPS) agency. First, stakeholders were engaged through interviews and focus groups for input on current agency functioning and ideas for program improvements. They were then recruited to serve in work groups to develop and implement specific elements of the child welfare agency's strategic plan.

Vision, mission, and values: flexible, accessible, and coordinated services. The development of the strategic plan resulted in critical, initial goals identified by stakeholders that were seen as essential to support the agency in making fundamental changes to improve outcomes and performance. Then they were used to plan for T/TA provided by other NRCs with content expertise, as well as identified state partners. Goals and plans for collaborative T/TA delivery are outlined in Exhibit 6.

TABLE 6
Strategic Plan and Further Provision of T/TA to Meet Goals

Initial Goals of Strategic Plan	Collaborative T/TA in Content Area
1. Design and implement a continuous quality improvement (CQI) system for the agency.	The state CPS CQI staff/leadership was enlisted to provide technical assistance related to the new CQI system.
2. Improve management of the agency's intake system.	A Resource Center was asked to assist the agency in redefining the criteria for opening child protection cases, training agency board and staff on the new intake criteria, and implementation of a new "front door" for the agency.
3. Enhance agency's management information system.	A Resource Center was enlisted to support the Tribal agency in assessing the existing management information system and in developing and implementing a plan to enhance its capacity and performance.
4. Create a child welfare stakeholder collaborative that focuses on joint objectives for child protection.	A Resource Center was asked to assist the agency in creating and operating the child welfare stakeholder collaborative.
5. Assist the agency's board of directors in focusing on agency policy and development.	A Resource Center provided training and technical assistance to support the board of director's newly targeted focus.

Example #2: Strengthening agency leadership to facilitate practice model implementation.

Theoretical framework: Adaptive leadership. A state agency requested T/TA to implement a new leadership approach among the state child welfare agency's managers, supervisors, and staff. After completing the standardized assessment process, the NRC engaged in additional assessment activities with a Cambridge Leadership Associates consultant and the state to clarify the T/TA request. This period of diagnosis employed a series of structured interviews with state executive team members, regional managers, and local office managers.

One key issue emerging from these interviews was the need to link T/TA to the state's ongoing development and implementation of the new child welfare practice model. The state had worked with an IC to develop this model; the NRC T/TA was connected to the IC's prior work by helping to identify and provide services directed to three primary adaptive challenges impacting implementation of the practice model: 1) creating conditions for better partnerships with external partners; 2) improving relationships with licensed providers, especially foster parents; and 3) applying the state's safety assessment process more consistently and effectively.

The NRC and CLA teamed with senior state agency staff to teach and coach staff throughout all levels of the agency about using the adaptive leadership framework to support ongoing work in implementing the practice model. The T/TA included three key elements.

- Facilitation of four, 2-day workshops during which state agency teams learned and practiced key adaptive leadership elements and techniques. Each of these meetings included 125-150 staff members, and participants engaged in experiential learning and targeted work on agency-identified challenges related to implementation of the practice model.
- Coaching executive leadership on how to engage staff at all levels in solving adaptive issues, including how to provide support to teams working on generating and implementing solutions to adaptive challenges that were related to implementation of the practice model in local areas.
- Formation of agency teams to work on identified adaptive issues in local offices. Teams were formed to participate in monthly "office hours" sessions, where they were asked to observe, interpret, and intervene to make progress at the local level on agency-identified adaptive challenges related to implementation of the practice model. Agency executive staff provided coaching to these local teams.

Example #3: Supporting state to design and implement its own technical assistance model.

Theoretical framework: Implementation research. An IC delivered T/TA over a 3-year IP, assisting the state to develop and implement its state child welfare agency's own technical assistance model. The agency recognized the need to anchor its work with the science of implementation through experiences piloting a previous initiative. Development of the state's technical assistance model was an integral piece of the agency's efforts to improve child welfare outcomes by creating an environment that encouraged and sustained innovation and by improving how the agency worked with internal and external stakeholders.

In order to identify needs and effectively target interventions during the Exploration stage of implementation research, information-gathering activities were conducted. These included the following:

- Regional forums and surveys were used to document stakeholder concerns and "likes" regarding interactions with the state child welfare agency.
- Formal assessment of the agency organizational culture and climate was conducted, using the "Organizational Social Context" (Glisson, 2002).
- A new vision, mission, and guiding principles for the state child welfare agency were developed in collaboration with stakeholders.

During the Installation/Design stage, work groups were formed which included agency representatives and stakeholders to design the Technical Assistance Model. From data collected in the Exploration stage, five components of the model were created: building a team approach, modifying institutional behavior, establishing structured communication, building an internal knowledge base, and supporting agencies in self-assessment exercises.

Concurrently, supportive infrastructures were built and installed to support the agency's successful implementation of the new model, including the following:

- Training was delivered on partnership principles and specific competencies.
- A comprehensive rule review website was developed to collect stakeholder feedback on agency policy.
- Manager roundtables were developed for peer-to-peer support.
- Cross-functional regional technical assistance teams were formed.

- An internal, searchable database was developed to document technical assistance.
- Partnership principles were integrated into staff performance evaluations.
- Communication throughout the agency was improved by the creation of a shared organizational calendar.

By the time the agency reached the Implementation stage, it was well prepared to install its new Technical Assistance Model. Sustainability of the work was built over the 3 years by building in supports, such as development of a monthly newsletter from the child welfare director to communicate the agency's continued commitment to its vision, mission, and principles and integration of the rule review website to institutionalize the collection of external stakeholder comments on administrative rules.

Discussion

All three examples offer illustrations of how assessments were used to support more effective service delivery. The T/TA Practice Model's Standard Assessment Tool supported the NRC in identifying strengths and barriers related to the Tribal Nation's request, uncovering challenges and strengths of the tribe and elements of readiness for T/TA, including leadership commitment. Theoretical frameworks employed by the NRCs and ICs also supported a focus on assessment. The adaptive leadership's framework's period of "diagnosis" was used by the NRC to gather in-depth information that strengthened the understanding of state challenges related to the implementation of the agency's new practice model. The IC's activities during the implementation framework's "exploration" focused on obtaining detailed information related to the agency's current performance, both from internal and external stakeholders.

Examples of T/TA also show that once stakeholders were engaged in the assessment process, they were given the opportunity to help make improvements, bringing to life the SOC and CFSR guiding vision and principles of community based and community-responsive service delivery. T/TA provided by the NRC to the Tribal Nation included gathering information from the community and stakeholder groups who once engaged were invited to participate in identifying and defining the most important activities and goals that would help enhance agency performance and improve outcomes for native children and families. T/TA provided by the NRC used gathering in-depth information from state executive, regional, and local office leaders to involve leadership at multiple levels in identifying adaptive challenges. These leaders were then coached to form and provide support to local teams who were asked to generate and test potential strategies to solve adaptive challenges to support implementation of the state's practice model. The IC helped the state design the Technical Assistance Model by gathering information from stakeholders on current agency practice to develop initial model components; these components were then more fully designed by workgroups comprised of internal and external stakeholders.

Coordination and collaboration was an important component of the T/TA Practice Model, operationalized by the standardized business instruments, information portals, and data tracking systems. Two of the examples illustrated how coordination and collaboration among ICs and NRCs was delivered to states and tribes receiving T/TA. The T/TA provided on adaptive leadership skills was directly linked to support the prior work of an IC that had helped design and implement a practice model. The NRC provided initial T/TA to a Tribal Nation to support development of a strategic plan; this plan ultimately was intentionally designed to link the tribe to other content-specific T/TA available from several other NRCs and the state agency to support continued improvements in child welfare practice.

The ICs and NRCs comprised of 15 different centers with varying structures and content area expertise. A practice model for T/TA providers emerged from the development of a common service delivery approach that included shared mission, vision, and values; established standardized processes and structures; and an applied theoretical frameworks.

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